



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 5822

Bib Data Sheet

|  |   |                                       |   |  |                                    |
|--|---|---------------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/009,407   | <b>FILING OR 371(c)<br/>DATE</b><br>01/25/2002<br><b>RULE</b>   | <b>CLASS</b><br>548                   | <b>GROUP ART UNIT</b><br>1626   | <b>ATTORNEY<br/>DOCKET NO.</b><br>146.1376 |                                    |
| <b>APPLICANTS</b><br>Alain Corbier, Le Buisson, FRANCE;<br>Patrick Fauveau, Livry Gargan, FRANCE;<br>Nathalie Pietre-Dischamp, Ormesson Sur Marne, FRANCE;<br>Laurent Schio, Bondy, FRANCE;<br>Pascale Vicat, Paris, FRANCE;   |   |                                       |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR00/01569 06/08/2000  |   |                                       |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 99/07252 06/09/1999   |   |                                       |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>FRANCE | <b>SHEETS<br/>DRAWING</b>   | <b>TOTAL<br/>CLAIMS</b><br>20              | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>20311  |   |                                       |   |  |                                    |
| <b>TITLE</b><br>Novel echinocandin derivatives, method for preparing same and use as antifungal agents   |   |                                       |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1020   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |